

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	<del>1</del>				102	3
2	1						52	<del>1</del>				103	1
3		1					53	<del>1</del>				104	1
4	<del>1</del>						54	<del>1</del>				105	5
5		1					55					106	1
6	<del>1</del>						56	<del>1</del>				107	1
7	<del>1</del>						57	<del>1</del>				108	1
8	<del>1</del>						58					109	1
9	<del>1</del>						59	1				110	1
10	<del>1</del>						60	1				111	3
11	<del>1</del>						61	1				112	1
12	<del>1</del>						62	1				113	1
13	<del>1</del>						63	1				114	1
14	<del>1</del>						64	1				115	1
15	<del>1</del>						65	1				116	1
16	<del>1</del>						66	1					
17	<del>1</del>						67	1					
18	<del>1</del>						68	1					
19	<del>1</del>						69	<del>1</del>					
20	<del>1</del>						70	1					
21	<del>1</del>						71	<del>1</del>					
22	<del>1</del>						72	1					
23	<del>1</del>						73	<del>1</del>					
24	<del>1</del>						74	1					
25	<del>1</del>						75	<del>1</del>					
26	<del>1</del>						76	1					
27	<del>1</del>						77	<del>1</del>					
28	<del>1</del>						78	<del>1</del>					
29	<del>1</del>						79	<del>1</del>					
30	<del>1</del>						80	<del>1</del>					
31	<del>1</del>						81	<del>1</del>					
32	<del>1</del>						82	<del>1</del>					
33	<del>1</del>						83	<del>1</del>					
34	<del>1</del>						84	<del>1</del>					
35	<del>1</del>						85	<del>1</del>					
36	<del>1</del>						86	<del>1</del>					
37	<del>1</del>						87	<del>1</del>					
38	<del>1</del>						88	<del>1</del>					
39	<del>1</del>						89	<del>1</del>					
40	<del>1</del>						90	12					
41	<del>1</del>						91	1					
42	<del>1</del>						92	1					
43	<del>1</del>						93	1					
44	<del>1</del>						94	1					
45	<del>1</del>						95	1					
46	<del>1</del>						96	1					
47	<del>1</del>						97	1					
48	<del>1</del>						98	1					
49	<del>1</del>						99	1					
50	<del>1</del>						100	1					
TOTAL IND.	1						TOTAL IND.	1				5	
TOTAL DEP.							TOTAL DEP.	32				21	
TOTAL CLAIMS							TOTAL CLAIMS	33				26	